PART B - FEE(S) TRANSMITTAL

V5605

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

o: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

indicated unless correcte maintenance fee notifica	ed below or directed otl	nerwise in Block 1, by (a	a) specifying a new corres	pondence address;	and/or	(b) indicating a separ	
CURRENT CORRESPOND	Fee(Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
2352		Car	to	of Mailing or Trans	ission		
	FABER GERB & OF THE AMERIC. Y 100368403		I hei State addr trans	reby certify that thes Postal Service versed to the Mail smitted to the USP	is Fee so with suff Stop I TO (571	Transmittal is being ictent postage for first SSOE FEE address a 273-2885, on the da	deposited with the United class mail in an envelope bove, or being facsimile indicated below.
							(Depositor's name)
							(Signature)
			مسريات				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/674,600	09/674,600 12/13/2000		Lorenz Camenzind		P/543-103		1539
TITLE OF INVENTION	: MULTIFUNCTION T	OOL			i .		
		TOOLE POR DUE	BUDLICATION FEE DUE	PREV. PAID ISSU	e cee	TOTAL FEE(S) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE \$0	\$0	CTEE	-\$700	11/02/2007
nonprovisional	YES	\$700 120		. , , , , , , , , , , , , , , , , , , ,		720	
EXAMINER		ART UNIT	CLASS-SUBCLASS	J			
VERBITSKY, GAIL KAPLAN		2859	374-141000				
 Change of corresponde CFR 1.363). 	ence address or indicatio	n of "Fee Address" (37	2. For printing on the p	atent front page, li	st it attorni	OSTROLENK, FAB	ER, GERB & SOFFE <mark>N, L</mark> L
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the page of a right form (harries as a member a 2				
"Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
TO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer umber is required.							
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	ne)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
FLYTEC AG SWITZERLAND Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Sorporation or other private group entity Government							
Please check the appropr	late assignee category of						
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.							
	lo small entity discount	Payment by credit card. Form PTO-2038 is attached.					
Advance Order -	# of Copies 10=13	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
5. Change in Entity Sta	tus (from status indicate	d above)					
a. Applicant claim	s SMALL ENTITY STATE	us. See 37 CFR 1.27.	b. Applicant is no lon				
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if recretords of the United St	uired) will not be accepte tes/Paient and Trademark	d from anyone other than to Office.	he applicant; a reg	istered a	ttorney or agent; or th	e assignee or other party in
				- ()(17)	pr 19.	$7(\chi)$ 7
Authorized Signature Date Olivician							
Typed or printed name		M. FINO	Wr	Registration I		24113	·
This collection of inform an application. Confiden	ation is required by 37 C tiality is governed by 35	CFR 1.311. The information U.S.C. 122 and 37 CFR	on is required to obtain or in 1.14. This collection is est	retain a benefit by timated to take 12	the publ	ic which is to file (and to complete, including	by the USPTO to process) g gathering, preparing, and

This collection of information is required by 37 CFR 1.311. The information is required to obtain of retain a benefit by the public which is to line (and by the CBT to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.